

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549334

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6	1		1			
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		2		1		
13		2		1		
14		2		1		
15		0		1		
16	1		1			
17		1		1		
18		1		1		
19		2		1		
20		2		1		
21	1		1			
22		1		1		
23		1		1		
24	1		1			
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	30	←	22	←		←
TOTAL CLAIMS	35		27			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						